

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55	/					
6		/					56	/					
7		/					57	/					
8	/						58	/					
9	/						59		/				
10		/					60		/				
11	/						61	/					
12		/					62		/				
13		/					63		/				
14		/					64	/					
15		/					65		/				
16		/					66						
17	/						67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22	/						72						
23		/					73						
24		/					74						
25	/						75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32	/						82						
33	/						83						
34		/					84						
35	/						85						
36		/					86						
37		/					87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.							TOTAL IND.	18					
TOTAL DEP.							TOTAL DEP.	50					
TOTAL CLAIMS							TOTAL CLAIMS	68					